

Public Health – Seattle & King County

Notice of Privacy Practices

Acknowledgment of Receipt – Please Sign Below

HIPAA requires that we make the Notice of Privacy Practices available to you. We ask that you sign and date this form. **When you sign and date this form you are agreeing that you were given a copy of the Notice of Privacy Practices. You are not agreeing to what the notice says.**

Usually parents sign for children who are minors (under the age of 18). There is an exception when a minor seeks services for the following: family planning services, sexually transmitted disease testing/treatment, outpatient mental health treatment or outpatient alcohol and drug abuse. Under state law, minors may consent to their own treatment for these services. When this happens, they will be asked to sign this form for themselves.

For more information, please read the attached Notice of Privacy Practices.

Client Name: _____

The undersigned has received the Notice of Privacy Practices of Seattle-King County **Department** of Public Health.

Patient / Patient Representative Signature

Date of Signing

Signature _____

Relationship to Patient _____

Internal use only:

- ☐ Check if patient declined to sign _____
Clerk Initials _____ Date _____
- ☐ Check if acknowledgement entered into Signature

Notice of Privacy Practices / Acknowledgment of Receipt

Compliance Office

Public Health – Seattle & King County
400 Yesler Way, 3rd Floor, Seattle, WA 98104

◆ Phone: 206-205-5975 ◆ Fax: 206-205-3945 ◆

Public Health

Seattle & King County

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400 Yesler Way, 3rd Floor
Seattle, WA 98104

Form #: PH-0066 (Rev. 4/08)

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D.O.B.: _____

Client Name: _____

HR #: _____

Inventory #: 450-0535